

Preliminary Classification:

Proposed Class:

Subclass:

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of

Inventor(s): Jacob de Baan

For (title): APPARATUS FOR MOORING VESSELS SIDE-BY-SIDE

1. Type of Application

This application is for an original (nonprovisional).

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**EXPRESS MAILING UNDER 37 C.F.R. § 1.10\***

*(Express Mail label number is mandatory.)*

*(Express Mail certification is optional)*

I hereby certify that this paper, along with any document referred to, is being deposited with the United States Postal Service on this date, October 22, 2003, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 as "Express Mail Post Office to Addressee" Mailing Label No. EV 320200106 US.

Gary M. Anderson, Registration No. 30,729

Type or print name of person mailing paper

Date: October 22, 2003

  
Signature of person certifying

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**2. Papers Enclosed**

- A. Required for filing date under 37 C.F.R. § 1.53(b) (Regular) Application  
7 Page(s) of Specification  
3 Page(s) of Claims  
3 Sheet(s) of Drawing(s)--Informal
- B. Other Papers Enclosed  
1 Page(s) of abstract

**3. Declaration or Oath**

Not Enclosed.

Application is made by a person authorized under 37 C.F.R. § 1.41(c) on behalf of the above-named inventor.

**4. Inventorship Statement**

The inventorship for all the claims in this application is the same.

**6. Language**

English

**7. Priority**

<u>Country</u>	<u>Application Number</u>	<u>Filed</u>
United Kindom	0224784.9	10/24/2002

**8. Fee Calculation (37 C.F.R. § 1.16)**

Regular Application

CLAIMS AS FILED										
Basic Fee 37 C.F.R. § 1.16(a) \$770.00										
Number Filed			Number Extra			Rate				
Total										
Claims (37 C.F.R § 1.16(c))			20	-	20	=	0	x	\$ 18.00	= \$ 0.00
Independent										
Claims (37 C.F.R § 1.16(b))			1	-	3	=	0	x	\$ 86.00	= \$ 0.00
Multiple Dependent Claim(s), if any (37 C.F.R § 1.16(d))										
						\$	280.00	\$	0.00	
Filing Fee Calculation								\$770.00		

**9. Fee Payment Being Made at This Time**

Filing Fee	\$770.00
<b>Total Fees Enclosed</b>	<b>\$770.00</b>

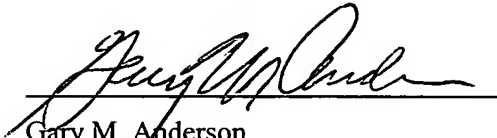
**10. Method of Payment of Fees**

Attached is a check in the amount of \$770.00.  
A duplicate of this paper is attached.

**11. Instructions as to Overpayment**

If any additional fee is required, charge Account No. 21-0800; likewise if any overpayment has been made, credit Account No. 21-0800.

Date: 10/22/03

  
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Gary M. Anderson  
Registration No. 30,729  
Fulwider Patton Lee & Utecht, LLP  
200 Oceangate, Suite 1550  
Long Beach, CA 90802  
562-432-0453  
Customer No. 27629